

**“We can’t have
another winter
like this one”**

THE FIVE-POINT PLAN TO TACKLE RAMPING

WA’s health workforce are saying “never again” to the ramping crisis that occurred this year, and are putting forward a positive five-point plan to tackle the underlying causes of ramping.

Health workers were there to help Western Australians through the darkest days of the record ramping peaks this winter, which are now extending into spring.

The health workforce is no stranger to long shifts and staff shortages, but this year the strain deepened as record numbers of Western Australians were “ramped” at the doors of already-stretched hospitals.

Doctors, nurses and midwives, allied health professionals, health support staff and ambulance workers carried on under incredible pressure while they met the needs of patients – but they can’t have another winter like this one.

Now their voices need to be heard.

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THE FIVE-POINT PLAN TO TACKLE RAMPING

THE CRISIS

The headlines have been terrible.

The statistics are alarming, but for the workforce they are not just numbers—they are the daily reality of care delayed and patients left waiting.

Nurses, midwives and carers are seeing care for patients with medical needs being displaced by elderly Western Australians with no aged care bed to go to.

Allied health professionals are seeing diagnostics and treatments being pushed over weekends, so urgent cases are caught up in a “Monday surge”.

A failure to allocate the full staffing levels necessary to keep beds open means pressures on the system are increased by workforce shortages.

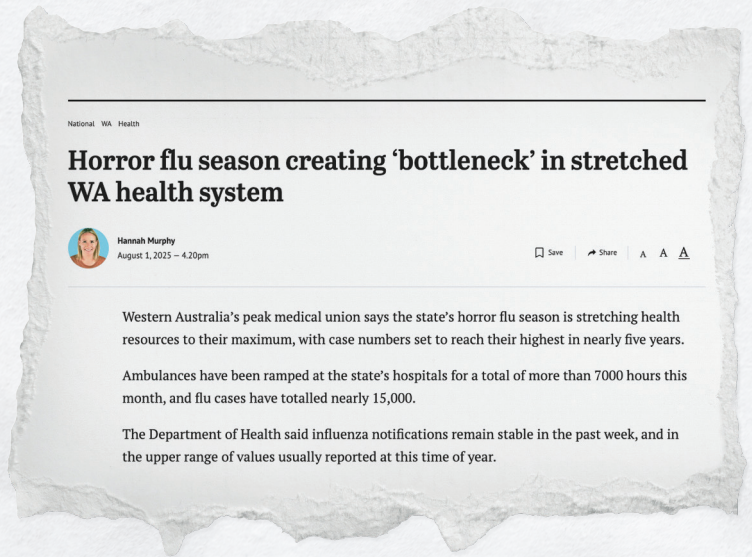
And every level of health worker is seeing a failure of safety net after safety net to effectively redirect non-urgent and non-medical cases away from Emergency Departments:

- Without enough dedicated mental health services, more patients in crisis are arriving at Emergency Departments for help.
- Too often patients from aged care or their own homes are brought into Emergency Departments for assessments that could have been done by telehealth—and in many cases could safely wait until morning.
- Without referral pathways to allied health, extended care paramedics have no option but to bring patients to already full hospitals.

Underlying all these problems, an inconsistent and complex health system does not apply the same guidelines from one hospital to the next, resulting in confusion, different standards being used for patient outcomes and different standards facing the health workforce. It’s confusing for the staff and causes delays for the patients.

The end result is the ramping statistics continue to spiral, patient outcomes are impacted and the headlines get even worse.

Insights offered by health workers give a clear plan to address these and other issues impacting on patient outcomes.



THE SOLUTION

Health workers are the experts on how the hospital system works, and they know how to fix the bed block that is leaving ambulances ramped and putting patients and workers at risk.

Health workers are united on the fixes needed, and they are putting forward positive, solutions-focused measures.

Health workers and the unions who represent them are ready to work constructively with the Cook Labor Government to tackle ramping.

Urgent steps need to be taken now to avoid the serious issues Western Australians faced this year when they tried to get urgent medical attention in hospital.

It’s time to cut through red tape and pursue every option available, with the necessary funding to back them.

This five-point plan endorsed by doctors, nurses and midwives, allied health professionals, health support staff and ambulance workers calls for:

1 400 MORE AGED-CARE BEDS

Move non-medical cases into the right care to free acute wards for those who need them most.

2 NEW EMERGENCY DEPARTMENT DIVERSIONS FOR BETTER PATHWAYS FOR CARE

The best diversion is prevention, therefore it is essential to ensure immunisation remains a high priority in the community. Beyond that, expand public health options including access to primary care, Virtual Emergency Departments, sexual assault and domestic violence services, extended-care paramedics and acute mental health supports to keep people out of crowded emergency rooms.

3 STAFF EVERY BED

Safe health care requires enough staff to have every bed open, especially during winter peaks.

4 A 24/7 STATE NEEDS 7-DAY HOSPITALS

Operate services at full capacity across weekends to smooth Monday surges and ensure continuity of patient care.

5 ONE RULEBOOK FOR A UNIFIED APPROACH TO HEALTH CARE

Set clear, system-wide protocols so patients get timely, consistent treatment everywhere.

NEXT STEPS TO TACKLE RAMPING

To deliver on the plan, health workers are demanding the Cook Labor Government give a briefing to all members of the health workforce about the winter surge plan in March 2026.

Health workers, represented by their unions the Health Services Union, the Australian Nursing Federation, United Workers Union and the Australian Medical Association, have called for a report back on each element of the plan.

400 MORE AGED-CARE BEDS

At the peak of winter, there were days when more than 300 hospital beds were filled by patients whose needs could have been met elsewhere. Each of those beds was a block, leaving other Western Australians waiting in ambulance bays, unable to be admitted. The solution is clear: we need more aged-care beds, and we need the ones we already have to be properly staffed and resourced so they can meet the needs of their patients. Four hundred additional aged-care beds would free up acute wards for those who need them most, and ease the strain on our hospitals.

NEW EMERGENCY DEPARTMENT DIVERSIONS FOR BETTER PATHWAYS FOR CARE

The best diversion is prevention—immunisation against flu and other respiratory illnesses that drive huge numbers of acute admissions each winter. Alongside prevention, we need stronger public health options: better access to primary care, Virtual Emergency Departments, sexual assault and domestic violence services, extended-care paramedics, and acute mental health supports. By expanding these services, we can keep people well, reduce the pressure on crowded emergency rooms and respond appropriately to critical medical issues.

STAFF EVERY BED

By the start of next winter, the government must be able to say clearly how many hospital beds we have, how many staff are required to safely run them, and that those staff are in place—including cover for foreseeable leave and personal days. Right now, too many “virtual” beds exist only on paper, and too many physical beds are shut because there aren’t enough staff to operate them. Safe health care depends on real capacity: every bed open, every ward staffed. Especially during the winter peak, patients cannot afford a system running on promises instead of people.

A 24/7 STATE NEEDS 7-DAY HOSPITALS

WA runs seven days a week—our hospitals must too. That means providing funding to staff weekends fully, with pharmacy, radiology, pathology and all the other services patients need for safe discharge. Without it, people are left waiting, hospital beds are kept occupied and Monday morning brings a dangerous surge that stretches resources across the hospital—and displaces resources needed to address emergency medical situations.

ONE RULEBOOK FOR A UNIFIED APPROACH TO HEALTH CARE

Right now, patients face delays and inconsistencies because decisions are made differently from one hospital to the next. A unified health system needs one rulebook—clear, system-wide protocols that every site follows. Whether it’s admission criteria, escalation procedures, or discharge processes, patients deserve timely and consistent treatment no matter where they present. For workers, a single set of rules removes confusion, reduces duplication, and ensures the focus stays on patient care rather than navigating bureaucracy. Consistency across the system means safer, faster treatment and a workforce empowered to act with confidence.

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